

BENEFICIARY CHANGE REQUEST

NOTE: No beneficiary change is final. Any future beneficiary change must be provided in writing and will cancel all prior beneficiary designations for any amounts payable following the death of the Claimant/Payee.

The Policy Owner must approve all beneficiary change requests. Approval is subject to the terms of the settlement documents. If the settlement documents do not give you this right, your change may not be approved.

None of the Periodic Payments may be accelerated, deferred, increased or decreased.

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
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AEGON companies
www.aegonstructuredsettlements.com

If more than one primary or contingent beneficiary is being requested, please indicate the division of amounts payable (e.g., equally to the beneficiaries, 50%, etc.), otherwise proceeds will be paid equally to all primary beneficiaries surviving the Claimant/Payee. If all primary beneficiaries have predeceased the Claimant/Payee, remaining guaranteed payments will be paid to the surviving contingent beneficiaries. If there are no surviving beneficiaries, proceeds are payable to the Claimant/Payee's Estate.

If more space is needed, please list additional beneficiary information on a separate sheet and sign the request.

Policy Number _____

Claimant/Payee Name _____

Claimant/Payee Resident - Street Address _____

Claimant/Payee Resident - City, State and Zip _____

Claimant/Payee Telephone Number _____

Claimant/Payee Social Security Number _____

Claimant/Payee Signature* _____

Joint Claimant/Payee Signature _____

Date _____

*Note: In states having community property laws, ** the spouse of the Claimant/Payee must also join and consent to naming a beneficiary other than the spouse.

Notarized Signature of Spouse _____ Date _____

** Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

NOTARIZATION Please have a notary complete the following information.	
State of _____	County of _____
On (date) _____	
Before me (name of notary) _____	
Personally appeared (name of Payee) _____	
Personally appeared (name of Joint Payee) _____	
Personally known to me - OR - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is / are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature.	
WITNESS my hand and official seal.	
Signature of Notary _____	

Beneficiary Type (check one)
 Primary Contingent Beneficiary Percentage _____

Beneficiary (full name) _____

Beneficiary Resident - Street Address _____

City, State and Zip _____ Beneficiary Phone Number _____

Beneficiary Social Security Number _____ Beneficiary Date of Birth _____

Relationship to Claimant/Payee _____

Beneficiary Type (check one)
 Primary Contingent Beneficiary Percentage _____

Beneficiary (full name) _____

Beneficiary Resident - Street Address _____

City, State and Zip _____ Beneficiary Phone Number _____

Beneficiary Social Security Number _____ Beneficiary Date of Birth _____

Relationship to Claimant/Payee _____

Mailing and Overnight Address:
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